March 1, 2023

Re: testimony for HB 6659, An Act Concerning The State Budget For The Biennium Ending June 30, 2025 Chairs and members of the Appropriations Committee:

My name is Thomas Buckley and I live in Avon. I am a member of Westminster Presbyterian Church in West Hartford, and my congregation is a founding member of the Greater Hartford Interfaith Action Alliance (GHIAA), a broad-based organization of 49 faith institutions working together to advance social justice in our region and state. I am also an Associate Professor Emeritus of Pharmacy Practice at the UConn School of Pharmacy. In my faculty role I work with Khmer Health Advocates (KHA) of West Hartford as an experiential site for students in their torture treatment clinic and as a research center for trauma and torture survivors of the Khmer Rouge genocide.

I am writing to express my concern that the Governor's Budget does not include expanding HUSKY up to age 26 for those who are income-eligible, regardless of immigration status. The Department of Social Services, in their testimony to the Human Services Committee, has estimated the cost to be at least \$15 million. The Rand Corporation and the Migration Policy Institute indicate it could be \$18.4 million to cover about 5,000 young people who are currently living without access to health insurance. Using the larger number, this would cost the state of Connecticut \$3,680 per person – is this too exorbitant a cost? Conservative estimates of an average emergency department visit are over \$1,300. A 2021 study revealed the median cost of one hospital admission for diabetes ketoacidosis, which results from uncontrolled diabetes, is \$29,981 (Clinical Diabetes and Endocrinology volume 7, Article number: 13 (2021)).

In my 40 years as a pharmacist and public health researcher, I have seen first-hand and researched the direct effects of limiting access to healthcare for the undocumented. I have worked directly with refugees in Southeast Asia waiting to be resettled in the United States, and those that have come to the U.S. through legal immigration processes or as undocumented immigrants, many seeking asylum. In every case, refugees and immigrants (legal or undocumented) have been exposed to chronic trauma, many leading to **complex PTSD**. In a 2021 study of refugees and asylum seekers, 19.4% of the participants fit the diagnostic criteria for PTSD, and 49.5% fit the criteria for complex PTSD (Eur J Psychotraumatol. 2021;12(1):2001190).

Why is this important? Chronic trauma experienced by immigrants exposed to war leads to extremely complex medical conditions, including complex PTSD and chronic medical conditions such as diabetes. Our research at UConn and KHA has shown the impact of chronic trauma on Cambodian American refugees, whose 30-year trajectory illustrates the consequences of ignoring diabetes and its risk factors in more recent, and soon to be arriving, refugee cohorts (*Diabetes Among Refugee Populations: What Newly Arriving Refugees Can Learn From Resettled Cambodians.* Current Diabetes Reports (2015) 15:56).

I know through my own experiences with refugees that not having access to insurance coverage prevents them from getting critical preventive and primary care and mental health services, which inevitably leads them to catastrophic health implications downstream. Access to the excellent Husky health system literally means the difference between these patients being hospitalized for exacerbations of their conditions or staying home and being cared for many times by their families and/or community health workers – thereby providing a highly cost-effective method of care.

Providing HUSKY coverage for undocumented individuals up to age 26 means Connecticut will continue to be a leader in addressing systemic inequities in our health care system. We are in the midst of the largest migration in human history. Your thoughtful leadership on Husky coverage means Connecticut is a leader on immigrant and refugee health care, an issue I can not be more proud of in my legislators.

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